Form Prescribed By Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD

__County

Book 62	_ Page_	180	
File	Marian days a second		
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MALE	
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Medical Examination Report Dated October, 12, 196	<u>S</u>
Name of Physician Simil I bannon,	

Date of Application

FEMALE

Medical Examination Report Dated Actober 12, 1965

Name of Physician Amil 21, 6 annual

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False station or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	ment-Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Julia a Wolfe
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	newalbany flags Ind
Residence Address Street or R. R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
Previous Marital Status: Never Married V Number of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married V Number of Previous Marriages
Color or Race White 🔀 Negro 🗌 Other 🗎 (specify)	Last Marriage Ended By: Death Divorce Annulment D
Usual Occupation (Production	Color or Race White [7] Negro Other (specify)
Date of birth verified by: Birth Cert. Dudicial Decree	0 4
Other (Specify)	Usual Occupation Secretary
1. Are you now or have you been adjudged, diagnosed or considered as:	Date of birth verified by:
An Imbecile? Of Unsound Mind? No Yes Yes	Other (Specify)
2. Are you under guardianship as a person of unsound mind?	1. Are you now or have you been adjudged, diagnosed or considered as:
8. Are you now or have you been within five (5) years an inmate of a county asylum or	An Imbecile? No Ves Yes
home for indigent persons? No Ves If answer to 3 is "yes" has the cause of such condition been removed? No Ves Yes Yes	
4. Are you afflicted with a transmissible disease?	Of Unsound Mind? No 🐼 Yes 🗆
5. Are you related to the bride closer than second cousin? No 🗹 Yes 🗌	2. Are you under guardianship as a person of unsound mind? No₁☑ Yes□
6. Are you now under the influence of intoxicating liquor? No 🗹 Yes 🗆	3. Are you afflicted with a transmissible disease? No, Yes
7. Are you now under the influence of a narcotic drug? No 🕢 Yes 🗆	4. Are you related to the groom closer than second cousin? No 🗗 Yes 🗌
8. Are you able to support a family?	5. Are you now under the influence of intoxicating liquor? No 🗹 Yes 🗆
9. Are you likely to so continue? Yes No	
10. Do you have minor children from one or more former marriages? No Yes (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug? No Yes
(if yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father alfaet a doge
Name Age Address	Residence of father (if deceased so state) 58 000 Ool US
	Occupation of father Melhamic Race of father LU
	26 26
	Birthplace of father (State or foreign country)
(b) Are you supporting or contributing to their support? Yes No	8. Full maiden name of mother flaty and followard
(c) Are you complying with any court order or orders issued for	Residence of mother (if deceased so state) 1588 Old Carl Rd
their support?	1
11. Full name of father A and Clasing College	Occupation of mother Race of mother Race of mother
Residence of father (if deceased so state) 418 W 8 T	Birthplace of mother (State or foreign country). Della Blancy Sui
Occupation of father. Foreman Race of father.	
Birthplace of father (State or foreign country)	State of Indiana I depose and state the information given
Birthplace of father (State or foreign country)	County of
12. Full maiden name of mother Dosio Muril Jackson	
Residence of mother (if deceased so state) 4/8W.82	Signed Value a. wolfe
Occupation of mother Adualisable Race of mother	New Address 1905 Geantline Road
	Subscribed and sworn to before me this day of Asther 19.65.
State of Indiana, But I depose and state the information given in this application is true and correct.	County Circuit Court
	,
Signed tary the God	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address 1905 Grantline Rd.	
Subscribed and sworn to before me this day of October 1965	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Clerk of FLOYD County Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	,
	State of Indiana,
State of Indiana	County of
State of Indiana,	
County of	SignedFather
SignedFather	SignedMother
SignedMother	
Subscribed and sworn to before me thisday ofday of	Subscribed and sworn to before me thisday of
	Clark
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUR	T. A marriage license having been refused to the above named nortice the
	ourt by written order issuedand filed
·	
in authorizes and directs the issuance of	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license iss	and but he start of the
of Indiana dated the 20 day of October	wed by the clerk of the Court Court
of inurana dated the day of day of	19.2. authorizing the joining together as husband and wife
Rait with a man had the fill in a min a stiffer to a	ind Julia a Waefe
Be it further remembered, the following marriage certificate was faca in my o	η (
1, Dev. Lloyd A. Shannon	hereby certify that on the 23rd day of October
one thousand nine hundred and Sifty of sile.	at now allowy , Country of Joyd
State of Indiana, Groom & Cook	of Sloyd County, State of County
and, Bride of of	County, State of
were by me united in marriage as authorized by a marriage license issued for	that purpose by the Clerk of the Circuit Court of
County.	
Dated this 23 day of October, 1965	
	Signed New dear On Shannon
	Official Designation mottodet minister
Filed and recorded in accordance with the laws of the State of Indiana this	30 day of October 1965
	Signed alex Wathers Clerk
•	FLOVD
	County Circuit Court

